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			Γ	Heather Sa	lamor	ne	(Depositor's name)
			Γ	/hs/			(Signature)
				September	14, 20	007	(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTO	ATTORNEY DOCKET NO.		IEY DOCKET NO.	CONFIRMATION NO.
10/528,133 03/13/2006			Horst Hendel		21334-1441		2317
TTTLE OF INVENTION:	IGNITION COIL HAV	ING AN IMPROVED PO	OWER TRANSMISSION				
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0		s)200 \$17	09 09/10/2007
EXAMI	NER	ART UNIT	CLASS-SUBCLASS	J			
MAI, ANH T		2832	336-092000				
Change of correspondence address or indication of "Fee Address" (37 CFR 1.543)   Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.   "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev (33-20 or more recent) attached. Use of a Customer Number is required.			2. For printing on the pases front page, list (1) the annes of up o 3 registered patent attorneys or agents OR, alternatively, (2) the names of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent arecepts of agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AT	ND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print or t	ype)	0.040	atted below the de-	aumani hae haen filed fi
		ified below, no assignee pletion of this form is NO	data will appear on the T a substitute for filing a	patent. II an assign n assignment.	ice is idei	mined below, the do	difficil has been med in
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
Tyco Electronics AMP GmbH Bensheim, Germany  Please check the appropriate assigned category or categories (will not be printed on the patent): Individual Discorporation or other private group entity Government							
Please check the appropri	ate assignee category o	r categories (will not be p	rinted on the patent):	Individual 🖸 C	orporation	n or other private grou	p entity Governmen
4a. The following fec(s) are submitted:			b. Payment of Fee(s): (Please first reapply any previously paid Issue fee shown showe)  ☐ A check is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached. ☐ The Director is hery suthorized to charge the required fee(s), any deficiency, or credit any overpayment, to be posit Account Number 50/1681 (enclose an extra copy of this form).				
5. Change In Entity Stat	rus (from status indicate s SMALL ENTITY stat		D b. Applicant is no le	oneer claiming SMA	LL ENTI	TY status. Sec 37 CF	R 1.27(g)(2).
NOTE: The Issue For an	1 Publication Fee (if rec	mired) will not be accepte	d from anyone other tha	the applicant; a reg	istered at	tomey or agent; or the	e assignce or other purty
interest as shown by the	records of the United St	ates Patent and Trademar	k Office.				
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Typed or printed nam	Salvatore			Registration	No	39090	
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